

<h1 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h1> <p style="margin: 0; font-size: small;">Please Print or Type (SSN Voluntary, for Record-Keeping and Data Processing Only)</p>					<b>STATE OF NORTH CAROLINA</b>		Date of Application _____	
Social Security Number _____		Last Name _____		First Name _____		Middle Name _____		
Address (Street number and name) _____				City _____		County _____		
State _____		Zip Code _____	Phone (Home or where you can be reached) _____ (   )   (   )		Business Phone _____ (   )   (   )			
<b>Availability</b> Do you now work for the State of N.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you related by blood or marriage to any person now working for the State? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, give name, relationship to you and the agency where employed.) _____ If subject to Military Selective Service registration, certify compliance by initialing dotted line .....								
<b>Military Service</b> Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank: _____ Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____ Rank: _____								
<div style="border: 1px solid black; padding: 2px;">           AGENCY USE ONLY   ELIGIBILITY FOR VETERAN'S PREFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO         </div>								
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.) _____ Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____								
<b>Jobs Applied For</b> Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application. 1. _____ 2. _____ 3. _____								
<b>Referral Source</b> Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____								
<b>Education</b> Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12   GED   College 1 2 3 4   Graduate School 1 2 3 4 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.								
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad?	S/Q Hrs.	Maj/Min Course Work	Type of Degree Received		
High School			YES					
			NO					
College(s) University (s)			YES					
			NO					
Graduate or Professional			YES					
			NO					
Other educational, vocational school, internships, etc.			YES					
			NO					
Special training programs and seminars you have completed in the last five years (List): _____ _____								
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: _____ _____								
Current professional status: (List fields of work for which you have been registered) Registration: _____ State: _____ No. _____ Registration: _____ State: _____ No. _____								
Membership in professional, honorary, or technical societies (List): _____ _____				<b>DO NOT COMPLETE THIS BLOCK</b> <b>DEGREES AND PROFESSIONAL CREDENTIALS</b> <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person responsible _____				

**Licenses and certifications (List, giving dates and sources of issuance):**

**Skills**

CHECK the following skills, experiences, etc. which you have:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Driver's License _____    | <input type="checkbox"/> Sign language _____                        | <input type="checkbox"/> Legal transcription _____   |
| Number _____ State _____                           | <input type="checkbox"/> Foreign language (specify) _____           | <input type="checkbox"/> Medical transcription _____ |
| <input type="checkbox"/> Chauffeur's license _____ | <input type="checkbox"/> Adding machine/calculator _____            | <input type="checkbox"/> Braille _____               |
| Number _____ State _____                           | <input type="checkbox"/> Typing (specify WPM) _____                 | <input type="checkbox"/> Word Processing _____       |
| <input type="checkbox"/> Car for use at work _____ | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____                 |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NO (If yes, explain fully on an additional sheet.)

**Work History** (include volunteer experience) Use Additional Sheets If Necessary

Current or Last Employer:			Address:		
Job Title:			Supervisor's name:		Telephone Number:
Date Employed (mo/yr)			Starting Salary	Ending or Current Salary	Reason for Leaving:
			\$ per	\$ per	
Date Separated (mo/yr)			List major duties in order of their importance in the job:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					
Employer:			Address:		
Job Title:			Supervisor's name:		Telephone Number:
Date Employed (mo/yr)			Starting Salary	Ending Salary	Reason for Leaving:
			\$ per	\$ per	
Date Separated (mo/yr)			List major duties in order of their importance in the job:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					
Employer:			Address:		
Job Title:			Supervisor's name:		Telephone Number:
Date Employed (mo/yr)			Starting Salary	Ending Salary	Reason for Leaving:
			\$ per	\$ per	
Date Separated (mo/yr)			List major duties in order of their importance in the job:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date

Employer:			Address:		
Job Title			Supervisor's name:		Telephone Number:
					No. Supervised by you:
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)		List major duties in order of their importance in the job:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, hours per week:					

  

Employer:			Address:		
Job Title			Supervisor's name:		Telephone Number:
					No. Supervised by you:
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)		List major duties in order of their importance in the job:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, hours per week:					

  

Employer:			Address:		
Job Title			Supervisor's name:		Telephone Number:
					No. Supervised by you:
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)		List major duties in order of their importance in the job:			
Full Time	Years	Months			
Part Time	Years	Months			
If part time, hours per week:					

Copy and attach additional sheets if needed.

**Equal Opportunity Information**

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex or age is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth			Check One	
<input type="text"/>	<input type="text"/>	<input type="text"/>	SEX	<input type="checkbox"/> M <input type="checkbox"/> F
(mo.)	(day)	(year)	(male)	(female)

**ETHNIC GROUP**

1. ☐ White (non-Hispanic)
2. ☐ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan native)

**DISABILITY:** "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.

The reporting of a disability is strictly **VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

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|--|--|
| <p><b>A</b> <input type="checkbox"/> None/Prefer not to report</p> <p><b>B</b> <input type="checkbox"/> Blind or severely visually impaired</p> <p><b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired</p> <p><b>D</b> <input type="checkbox"/> Loss or limited use of arms and/or hands</p> <p><b>E</b> <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p><b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p> | <p><b>G</b> <input type="checkbox"/> Respiratory impairment</p> <p><b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder</p> <p><b>I</b> <input type="checkbox"/> Mentally restored</p> <p><b>J</b> <input type="checkbox"/> Mental retardation</p> <p><b>K</b> <input type="checkbox"/> Learning disability</p> <p><b>L</b> <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p><b>M</b> <input type="checkbox"/> Other (please specify) _____</p> |
|--|--|